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REVIEW ARTICLE ON PREVENTIONS OF HEMORRHOIDS

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ABSTRACT:

This review discusses the pathophysiology, epidemiology, risk factors, classification, clinical evaluation, and current non-operative and operative treatment of hemorrhoids. Hemorrhoids are defined as the symptomatic enlargement and distal displacement of the normal anal cushions. The most common symptom of hemorrhoids is rectal bleeding associated with bowel movement. The abnormal dilatation and distortion of the vascular channel, together with destructive changes in the supporting connective tissue within the anal cushion, is a paramount finding of hemorrhoids. It appears that the dysregulation of the vascular tone and vascular hyperplasia might play an important role in hemorrhoidal development, and could be a potential target for medical treatment. In most instances, hemorrhoids are treated conservatively, using many methods such as lifestyle modification, fiber supplement, suppository-delivered anti-inflammatory drugs, and administration of venotonic drugs. Non-operative approaches include sclerotherapy and, preferably, rubber band ligation. An operation is indicated when non-operative approaches have failed or complications have occurred. Several surgical approaches for treating hemorrhoids have been introduced including hemorrhoidectomy and stapled hemorrhoidopexy, but postoperative pain is invariable. Some of the surgical treatments potentially cause appreciable morbidity such as anal stricture and incontinence. The applications and outcomes of each treatment are thoroughly discussed.

Keywords: Hemorrhoids, Pathophysiology, Treatment, Management, Outcome

INTRODUCTION:

Hemorrhoids are a very common anorectal condition defined as the symptomatic enlargement and distal displacement of the normal anal cushions. They affect millions of people around the world, and represent a major medical and socioeconomic problem. Multiple factors have been claimed to be the etiologies of hemorrhoidal development, including constipation and prolonged straining. The abnormal dilatation and distortion of the vascular channel, together with destructive changes in the supporting connective tissue within the anal cushion, is a paramount finding of hemorrhoidal disease. An inflammatory reaction and vascular hyperplasia may be evident in hemorrhoids. This article firstly reviewed the pathophysiology and other clinical backgrounds of hemorrhoidal disease, followed by the current approaches to non-operative and

operative management.

DEFINITION

Hemorrhoids are painful ,swollen, enlarged, bulging blood vessels in the lower portion of the rectum or anus .swelling in the anal or rectal veins causes hemorrhoids.

TYPES

ExternalHemorrhoids - it is located under the skin around the anus and are covered by very sensitive skin. These are usually painless, when the blood clot develops. Its feel like a small pea sized lump on the anal area. The external hemorrhoids may bleed if it ruptures.

Internalhemorrhoids –its develop within the anus beneath the lining. Painless bleeding and protrusion during bowel movements are the most common symptom.it may protrude through the anus.

CAUSES

- Constant pressure on the rectal and anal area.
- Chronic constipation
- Aging, anal sex, Severe coughing
- Lifting heavy objets regularly
- Heredity, Pregnancy and childbirth
- Foods that are lacking in fibers, Anal infections

SYMPTOMS

- painless bleeding, itching or irritation in the anal area
- discomfort, pain, or soreness in the same area
- lumps and swelling in the anal region, leaking feces

Treatments

Topical creams and ointments: Over the counter (OTC) creams or suppositories, which contain hydrocortisone, are available to buy online. There are also pads which contain witch hazel, or a numbing agent that can be applied to the skin.

- **Ice packs and cold compresses:** Applying these to the affected area may help with the swelling.
- **A sitz bath using warm water:** A sitz bath is placed over the toilet. Some pharmacies sell them, and they may relieve the burning or itching symptoms.
- **Moist towelettes:** Dry toilet paper may aggravate the problem.
- **Analgesics:** Some painkillers, such as aspirin, ibuprofen, and acetaminophen may alleviate the pain and discomfort.

Medicines

Most hemorrhoid medicines are OTC. These include ointments, pads, or suppositories.Active ingredients as hydrocortisone and witch hazel are known to relieve itching and pain. Consult with a doctor if these medicines do not show results after a week of treatment.

Nonsurgical treatment options

The most common type of nonsurgical hemorrhoid removal technique is rubber band ligation.This is an outpatient procedure for internal hemorrhoids, where an elastic band is placed on the base of the hemorrhoid to cut off blood supply. The hemorrhoid will either shrink or fall off.Another procedure is sclerotherapy, where a solution is injected into an internal hemorrhoid. This produces a scar that cuts off blood supply to the hemorrhoid.Infrared photocoagulation and electrocoagulation are two other options.

Surgical options

Surgery may involve a complete removal of the hemorrhoids, known as a hemorrhoidectomy.It may also involve stapling, where a prolapsed hemorrhoid is tacked back into place. These procedures are performed under general anesthesia, and most people can go home on the same day as the surgery.

COMPLICATIONS

- **Anemia** , **Strangulated hemorrhoid, Blood clot.**

PREVENTION

- **Eat high-fiber foods.** Eat more fruits, vegetables and whole grains. Doing so softens the stool and increases its bulk, which will help you avoid the straining that can cause hemorrhoids. Add fiber to your diet slowly to avoid problems with gas.
- **Drink plenty of fluids.** Drink six to eight glasses of water and other liquids (not alcohol) each day to help keep stools soft.
- **Consider fiber supplements.** Most people don't get enough of the recommended amount of fiber — 20 to 30 grams a day — in their diet. Studies have shown that over-the-counter fiber supplements, such as psyllium (Metamucil) or methylcellulose (Citrucel), improve overall symptoms and bleeding from hemorrhoids.

  If you use fiber supplements, be sure to drink at least eight glasses of water or other fluids every day. Otherwise, the supplements can cause or worsen constipation.
- **Don't strain.** Straining and holding your breath when trying to pass a stool creates greater pressure in the veins in the lower rectum.
- **Go as soon as you feel the urge**. If you wait to pass a bowel movement and the urge goes away, your stool could dry out and be harder to pass.
- **Exercise.** Stay active to help prevent constipation and to reduce pressure on veins, which can occur with long periods of standing or sitting. Exercise can also help you lose excess weight that might be contributing to your hemorrhoids.
- **Avoid long periods of sitting.** Sitting too long, particularly on the toilet, can increase the pressure on the veins in the anus.

CONCLUSION

Therapeutic treatment of hemorrhoids ranges from dietary and lifestyle modification to radical surgery, depending on degree and severity of symptoms. Although surgery is an effective treatment of hemorrhoids, it is reserved for advanced disease and it can be associated with appreciable complications. Meanwhile, non-operative treatments are not fully effective, in particular those of topical or pharmacological approach. Hence, improvements in our understanding of the pathophysiology of hemorrhoids are needed to prompt the development of novel and innovative methods for the treatment of hemorrhoids.

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